

**POWYS
AREA PLANNING BOARD
SUBSTANCE MISUSE
COMMISSIONING STRATEGY
2015-20**

Final Version

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1.1 Introduction

This documents sets out the commissioning strategy for the Powys Area Planning Board (APB) in line with the priorities of Powys Community Safety Partnership (CSP). The Welsh Government's Strategy for substance misuse 'Working Together to Reduce Harm' (2008-18) advocated strongly that 'the responsible authorities' that make up the CSPs should, where appropriate, do more to plan substance misuse services and pool resources at a local level. The Welsh Government therefore established the Area Planning Board structure in 2010 with a view to supporting delivery at a regional level. From April 2013, it was further developed to provide a framework that brings the responsible authorities together to collaboratively plan and commission substance misuse services. The responsible authorities are the Local Authorities, Police, Health Board, Probation, Fire and Prisons.

All APBs in Wales are allocated revenue funding for tackling substance misuse from two sources in the form of the Substance Misuse Action Fund (SMAF) and the local Health Board's Ring-fenced substance misuse allocation. This is also augmented with additional pooled funds from National Probation and the Police and Crime Commissioner. In addition there is a substance misuse capital budget available to APBs from the Welsh Government.

This strategy describes the commissioning priorities, values and intentions of the substance misuse provision for Powys which have been derived through consultation with the lead bodies of Powys including the APB, CSP, Probation and the Police and Crime Commissioner. This strategy has also been shaped by feedback from local substance misuse providers, public consultation including service users and by gap analysis. This feedback, combined with national and local policy and frameworks, determined the final strategy document. The strategy also links in with broader strategic planning programmes such as the One Powys Plan, Dyfed-Powys Policing Plan and Powys teaching Health Board's Annual Quality Statement.

This strategy covers a period of 5 years. It is a written statement of intention for the Welsh Government, commissioners, stakeholders, providers, service users and members of the public. This is in order to promote transparency in what we are delivering, why we are delivering it and how we will monitor the quality and integrity of services provided who use the services.

1.2 Powys

Powys APB is made up of representatives from the following organisations:-

- Powys County Council
- Powys teaching Health Board,
- Dyfed-Powys Police,
- Dyfed-Powys Police and Crime Commissioner,

- National Probation Service in Wales
- Community Rehabilitation Company,
- Public Health Wales,
- Community Safety Partnership
- Third Sector providers.

The purpose of Powys' APB is to provide advice and support to responsible authorities in order to "plan, commission and monitor delivery of high quality treatment and prevention services that are based on the need to improve the lives of substance misusers, families and communities".¹

The APB will do this by making available a range of evidence based, effective and value for money services starting from education and prevention through to treatment and rehabilitation. In doing so the Powys APB recognises that services must:-

- Be evidence based
- Focused on recovery
- Involve service users through engagement and co-production
- Be outcome focused
- Promote equality and diversity
- Offer best value
- Ensure governance and quality assurance
- Promote dynamic services that are capable of continuous improvement

These services will serve a geographically diverse population; Powys is the most sparsely populated county in England and Wales with an estimated population of 132,705 in mid-2013, representing an increase of 3.4% from mid-2003, (Wales 4.9%).²

15.4% of the Powys residents in mid-2013 were children under 15, (Wales 16.8%), 59.9% were aged 15 to 64, (Wales 63.7%), 13.5% were aged 65 to 74, (Wales 10.7%) and 11.1% were aged 75 and over, (Wales 8.8%).

It was estimated from the 2012/2013 Welsh Health Surveys that 18.5% of Powys adults aged 16 and over were smokers, (Wales 21.9%) and 22% were binge drinkers (Wales 26%).³

2 Purpose of the Strategy

This commissioning strategy provides the overarching direction to responsible authorities working together as the Powys APB for the commissioning of provision to address drug and alcohol misuse. As such, it establishes the

¹ Revised Guidance for the Substance Misuse Area Planning Boards, Welsh Government, 2012????

² Mid 2013 Population Estimates from ONS, <http://tinyurl.com/ONSPop2013>

³ WG Welsh Health Survey 2012-2013 <http://tinyurl.com/WHS-1213>

strategic intent of the commissioning that will then be developed via a detailed planning processes.

In the context of this document, commissioning applies not only to financial resources that are the direct responsibility of the APB, but also to wider activity that can be funded, coordinated or delivered by partner organisations. This can be within existing resources or by the allocation of additional resources. All the APB partners have a wider role in terms of contributing to the substance misuse agenda. A wider aim of this strategy is therefore to both inform and potentially influence the commissioning decisions of other bodies across Powys who also contribute finance and/or other resources to the substance misuse agenda. These partners could include Dyfed-Powys Police & Crime Commissioner, the National Probation Service, Social Services, Dyfed-Powys Police, Education, Primary Health Care, Housing, Trading Standards and Customs & Excise as well as third sector organisations working in mental health, domestic abuse, etc.

As well as influencing the activity and commissioning decisions of wider partners, the APB aims to engage partners in the development of substance misuse care pathways to ensure effective integrated service provision for clients.

This plan is designed to address the needs of adults and young people whose substance use is having a negative impact on their own or concerned other's health and / or social wellbeing. This requires a continuity of interventions from prevention and early intervention through to structured treatment and recovery. It is the APB's ambition to support these individuals to improve their health and social wellbeing so as to lead autonomous and fulfilled lives, having been diverted from or having addressed their involvement in substance misuse.

Through this range of interventions, Powys APB also aims to reduce the harms to the wider community through:-

- Reduction in substance misuse related crime, anti-social behaviour and disorder
- Reducing Blood Borne Viruses (BBV), fatal and non-fatal poisonings, hospital admissions and health care expenditure on chronic substance related health problems
- Reducing the impact on communities in terms of fear of crime, increased social inclusion and the promotion of education and employment.
- Reducing housing issues associated with those that misuse substances.

3 Policy Context

The Powys Commissioning Plan operates within a wide range of policy requirements at both national and local level.

3.1 National

Under the Welsh Government's national strategy "Working Together to Reduce Harm 2008-18" there are four aims that have been identified to reduce

substance related harm. These have been adopted as the aims for substance misuse harm reduction in Powys.

Preventing Harm – helping children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider community.

Supporting Substance Misusers – to improve their health and aid and maintain their recovery thereby reducing the harm they cause themselves, their families and their communities.

Supporting Families – reducing the harm to children and adults as a consequence of the substance misusing behaviour of a family member.

Tackling availability and protecting individuals and communities – reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances.

The Welsh Government's most recent "Substance Misuse Delivery Plan" 2013-15 includes a fifth aim, "Delivering the Strategy and Supporting Partner Agencies." This is pending up-date at the time of writing and Powys APB will review and adjust this strategy accordingly to take this into account.

Commissioning will be underpinned by a range of Welsh Government frameworks of good practice. These include but will not be limited to:-

- *Draft Guidance for Commissioning Substance Misuse Services (2015). Pending up-date.*
- *Working Together to Reduce Harm (2008-2018)*
- *Guidance for Substance Misuse Area Planning Boards (2012)*
- *Substance Misuse Treatment Frameworks (SMFT)*
- *National Core Standards for Substance Misuse Services in Wales (2010)*
- *Integrated Care and Integrated Care Pathways for Adult Substance Misuse Services in Wales (2010)*
- *Integrated Care for Children and Young People Aged Up to 18 Years of Age Who Misuse Substances (2010)*
- *The Substance Misuse Workforce development Action Plan (2011-2014)*
- *Together for Health (2011)*
- *Together for Mental Health (2012)*

3.2 Local

The Powys Local Service Board (LSB) brings the responsible authorities together with third sector agencies to ensure effective, integrated and citizen-focused service delivery. The LSB's three year Single Integrated Plan, called the One Powys Plan, incorporates plans from Community Safety, Children and Young People's and Health Social Care & Wellbeing Partnerships.

The One Powys Plan also includes detail of activity around many of the wider issues that impact significantly on substance misusers such as housing, mental health, domestic abuse, families/children and significant others. Many of these activities will be taken forward by the LSB and related programme boards at a local level. The APB must therefore be cognisant of LSB priorities and activity in order to further them and avoid duplication.

It is the responsibility of the CSPs to advise the LSB on effective substance misuse service delivery so it is vital that effective communication mechanisms are in place between the APB, CSP and the LSB to ensure that local need is reflected at a county level.

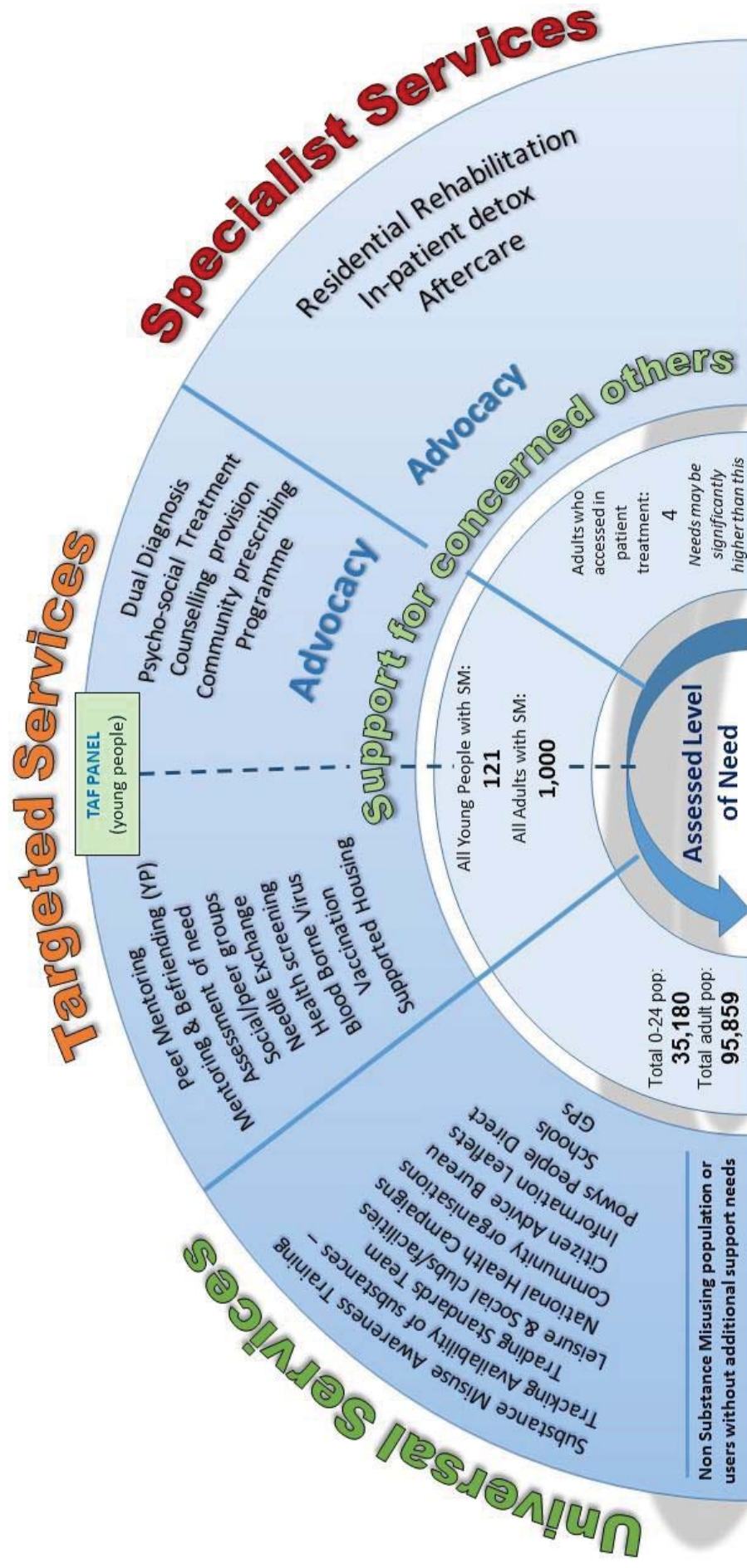
4 Commissioning Principles

Powys APB recognises that drug and alcohol misuses occurs on a spectrum and this requires a range of responses from prevention, brief interventions to structured and intensive care planned approaches. Services users will always be offered the least intrusive and intensive approach first that is most appropriate to their presenting need.

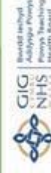
The APB's commissioning model recognises that commissioning can take place at three different levels:-

- for individuals – where services or packages of services are commissioned for/by individual citizens
- at operational level – where services are commissioned for/by specific communities, towns or villages to meet a local need
- at strategic level – where services are commissioned for the whole county to address widespread needs.

The diagram below illustrates the Powys APB's approach to service delivery. Education and prevention underpins all service delivery from reducing risk and preventing harm through to promoting sustainable recovery using existing local services as appropriate.



Substance Misuse Continuum of Need and service pathway



In tandem with this the APB understands that the families and carers of those misusing substances need:-

- access to information and support
- assistance in understanding and responding to substance misuse issues to support the recovery of those they are concerned for
- to reduce the impact of substance misuse on their own health and well-being

The Welsh Government states that APBs' primary objective is improving and strengthening arrangements for the planning, commissioning and performance management of substance misuse services in Wales. With this in mind, Powys APB adopts the following commissioning principles:-

Evidence Based Practice

Commissioning will be based on a Powys-wide assessment of need. Evidence based practice will underpin the specifications for all commissioned services and a mechanism will be in place to review the evidence base and support providers to implement change where appropriate.

Recovery Focused

As well as increasing the profile of recovery through dedicated services within the aftercare and through-care package of services, the principles of recovery will be embedded across all services. The principles outlined in the Welsh Government's Recovery Framework that will be applied to all service specifications include the following:-

- Promoting a culture of recovery
- Developing recovery capital across the treatment system
- Ensuring systems of care are recovery orientated
- Promoting recovery champions, community groups, and mutual aid groups
- Building recovery into care planning, care pathways, and workforce development
- Incorporating recovery measures into performance management frameworks

Service User Involvement

The APB is committed to meaningful service user involvement. Service specifications will be developed that require the active involvement of service users in their treatment journey. Furthermore, the APB will seek to ensure service users are involved in the design, planning, delivery and evaluation of services. This will include the representation of service users at a strategic level.

The Powys APB will implement the Welsh Government Service User Involvement Framework.

Outcome Focused

Commissioning will be outcome focused. Service specifications will include a robust performance management framework that offers clear data on the outcomes of clients in commissioned services. The APB will use these clinical outcomes to demonstrate the efficacy of the service. The APB will meet all Welsh Government Outcome Reporting Requirements as well as utilising its own locally agreed tools. All outcome tools that are utilised within the Powys treatment system must demonstrate that they have achieved statistical validation through achievement of acceptable validity and reliability measures.

Ensure Equality and Diversity

Services will be commissioned that, as far as possible, deliver equality of service provision and appropriate interventions to meet a diverse range of needs; Equality Impact Assessment will be a vital part of this process.

Best Value

The APB will commission services based on best value for money and outcomes, making use of economies of scale where these are attainable. The APB will be positioning itself to have robust understanding of the allocation of resources and balance of services required to deliver optimum outcomes for Powys.

Governance and Quality Assurance

A central function of the APB will be to ensure fidelity of the specifications that it awards as well as providers' adherence to the evidence based interventions that have been proposed. This will be achieved by the data performance management and wider fidelity measures built into the specifications that are awarded.

5 Needs Assessment

Needs assessment is an integral part of the commissioning process. As such, Powys APB has drawn upon a range of qualitative and quantitative needs assessment data in an attempt to obtain an improved and evidenced based understanding of the extent and nature of people within Powys who misuse drugs and alcohol.

Needs assessment data includes but is not limited to:-

- Welsh Government Population Studies
- Daffodil Care Needs Projection System
- Office of National Statistics
- Welsh Government Substance Misuse Annual Report
- NHS Wales' Informatics (NWIS)

- Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS)
- Public Health Reports
- Local Data
- Service Provider data
- Consultation data
- View Point Survey (Young People)
- Substance misuse service users satisfaction surveys
- Public Health Wales Director's Annual Report

By understanding the needs and potential risks facing this group within Powys, the APB will be better informed to make evidenced based decisions and ensure that commissioning intentions and strategic planning is informed by an understanding of need in relation to the availability and quality of service provision and the volume and nature of substance misuse in Powys.

Powys APB acknowledges that this assessment is not a one off exercise: rather an on-going and integral process that will form a part of the commissioning process. As such, the APB has identified a number of tasks that it will undertake amongst which are:-

- to explore further the data that is sparse or missing with a view to obtaining and including that information in the future
- the gathering of further expert opinion, particularly the views of stakeholders (prioritising views of service users and service providers)
- to understand the impact of alcohol related harms in comparison to substance misuse
- identifying, collecting and analysing primary prevention and harm reduction data
- exploring the variations in the prevalence and impact of alcohol misuse and the range of drugs being misused by age, sex, locality and socio-economic groups.

From the information gathered, the APB has been able to identify the need for comprehensive action to be taken by a range of partners to address substance misuse. It is essential that any commissioning of services should not take place in a vacuum. The APB has also concluded that any service should be flexible, enabling it to adapt to the changing demands and trends of substance misuse in Powys. It is essential that the overall provision should offer interventions and programmes for both the prevention and treatment of misuse.

The needs assessment considers the prevalence of substance misuse in both the adult population and among young people and looks at this against the demographic profile of Powys. Principally the Powys treatment system will have to move towards a greater focus on recovery and outcomes to ensure the treatment pathways deliver effective and sustainable change for those who seek it. This will require greater integration between psycho-social and prescribing services in order to support a higher number of opiate dependant service users into recovery. Furthermore, the shifting demographic profiles of those who are

liable to seek help in the future will offer new treatment challenges. This will entail greater focus on alcohol problems and the implementation of effective treatment for older populations who have historically been a minority in treatment services.

In terms of alcohol misuse, given the substantial number of harmful and hazardous drinkers in Powys, priority should be shifted towards more cost effective early interventions, such as a comprehensive alcohol brief intervention training programme/network, to avoid later treatment. Moreover, although alcohol related harm is experienced across the social economic spectrum, its impact is disproportionately experienced by the most deprived (particularly with regards to mortality and morbidity) and this should be reflected in service provision.

In regards to young people, this provision will also have to re-orientate itself to a recovery agenda, and begin to evidence its impact on young people's lives more systematically. Whilst the youth service has been very successful in creating a separate professional identity from adult services, the next commissioning cycle should see the creation of a separate treatment identity for the youth service as well. This will require the implementation of more developmentally informed treatment options for young people within the Powys region. The lower rates of young people's involvement with substance misuse problems should also create greater capacity to develop and enhance services for a wider cohort of young people affected by substance misuse within their family.

Services provided by the APB should:-

- be flexible, dynamic and mobile
- provide a comprehensive programme of prevention and treatment interventions for all ages from all socio-economic groups
- be able to adapt to the changing demands and trends of substance misuse such as the emergence of New Psychoactive Substances and their impact
- have the flexibility to respond to locality needs as appropriate
- identify and tackle isolated incidents of particular substances
- be adequately resourced with a clear focus on alcohol and drug misuse and be operated by well trained and supported staff
- liaise with primary and secondary care services as well as partner agencies to ensure a responsive and clear integrated pathway for clients
- provide outcome data at both a service and population level

For an executive summary of the Needs Assessment see Annexe A.

6 Service Provision

Annexe B details the range of priorities currently identified for Powys and wider providers who may contribute to the delivery of an integrated Powys treatment system. These include services and activity funded from the Substance Misuse Action Fund, from Powys teaching Health Board's ring-fenced Substance

Misuse budget and from other sources that have been commissioned outside of this funding pool.

7 Service User Involvement

It is a requirement that each APB implement an effective service user involvement strategy. The Welsh Government Substance Misuse Treatment Framework states that service users' involvement in the planning, design and delivery of substance misuse should be encouraged.

“Service users clearly have unique experiences, skills and abilities that enable them to provide ‘expert advice’ in this field. Substance misuse strategies and services are likely to be more effective if they are developed and delivered with the direct involvement of the people who use them”.⁴

Powys APB in consultation with locality service user groups, significant others and service providers has the responsibility for developing a Powys Service User Involvement Strategy. The Service User Strategy will outline key objectives to ensure that service user involvement is conducted at strategic and operational level in a meaningful and robust way.

8 Outcome Based Commissioning

Outcome based commissioning is the strategic process of specifying, securing and monitoring outcomes to meet people's needs at a strategic level. It is cyclical in nature and includes understanding local needs and what interventions work, analysing capacity of delivery agencies to meet those needs, targeting funding into services with a track record of achieving expected outcomes and monitoring the impact and quality of service delivery.

The APB will develop an Implementation Plan to take forward the priorities identified in this strategy. The Implementation Plan will include those areas of work where services will need to be commissioned as well as areas of activity where partner organisations will work collaboratively in order to deliver shared outcomes. Many of these activities will be the responsibility of diverse organisations and include services that will be funded and coordinated by the APB as well as wider service areas, such as Health, Social Services, Police, Probation etc.

The principle milestones in the next five years will be:-

- Specification award and implementation 2015-16
- Review and comprehensive needs analyses 2018
- Review of the Strategy in 2018

⁴ Welsh Government Treatment Framework 2007

- Contract review 2019 and decisions made to either extend or recommission
- Recommission in 2019-20

In deciding where to focus its resources, the APB will seek to meet the following criteria in the commissioning and delivery of all services and activity:-

- There is a robust evidence base for their effectiveness and need
- They are compatible with the priorities and outcomes identified within this commissioning strategy and are agreed by the APB
- A service specification or schedule of works is in place, including a robust outcome focused performance management framework against which delivery can be monitored
- Service users have been involved in their development
- Welsh Government and NICE frameworks and recommendations are adhered to, as well as Powys County Council's Standing Orders and Wales Audit Office's requirements.

Outcome informed practice can be built into the specification so that providers will review client outcomes and develop plans to address areas of sub-optimal care. This should ideally occur in 6 monthly cycles to explore the positive and negative response rates of clients, developing strategies to reduce the negative cases and monitoring the impact of these changes on subsequent performance. This will offer a fairly unique service user consultation process. This will require addressing 'Good News' cultures where only the positive aspects of services are reported rather than the whole picture. It demands the creation of learning culture within organisations that recognise the value in learning and correction as opposed to simply data reporting.

8.1 Powys APB Outcomes

The overall outcome sought by Powys APB is a reduction in alcohol and / or drug related harm to individuals, their families and to the wider community, and an improvement in the health and social functioning of the service user.

In order to measure the achievement of this outcome a number of proxy indicators / sub outcomes will be sought:-

- An increase in successful treatment completions (*Those individuals who successfully complete treatment are more likely to sustain their treatment gains*)
- A decrease in those re-presenting to treatment after discharge (*Once Welsh Government introduces the national unique client identifier, the APB hopes to measure this*)
- An increase in the individual and social functioning of service users (*Those individuals whose functioning improves are more likely to sustain their treatment gains*)

- An increase in the average age at which young people report starting using alcohol / drugs (*Evidence indicates that the later young people begin experimenting with alcohol and drugs, the less likely they are to develop a substance misuse problem and the less severe it will be*)

8.2 Measuring Outcomes

Powys APB will use a set of tools to measure the impact of this strategy against the outcomes, and will also develop measures to gauge the impact of the proposed service developments and changes. Given the difficulties around measuring outcomes, particularly at a population level, the APB will use a balanced approach that relies on a range and mix of measures. These will include, but not be restricted to the following:-

- Specification-based Performance Management Frameworks
- A validated outcome measurement tool
- Treatment Outcome Performance (TOPs) forms
- Welsh Government Key Performance Indicators (KPIs)
- Youth Justice Board KPIs
- Service user feedback

Quarterly progress reports will be presented to the APB based on performance against these measures.

9 Commissioning Intentions

The following section outlines the commissioning intentions of Powys APB. Below are details of the types of provision that should be in place in Powys. As part of the on-going needs assessment process, the APB will gain a clearer understanding of the extent, mechanism and variety of the provision that will need to be delivered in order to ensure equitability across Powys whilst taking into account individual locality needs.

9.1 Preventing Harm

Preventing harm spans a range of activities, and these change as a range of new psychoactive substances appear both on the streets and on the internet at a rapid rate. It includes educating children and young people about the risks of drug and alcohol use and ensuring that people within our communities have the information they need to make healthy and informed decisions about their consumption. It can also offer early interventions for those people whose drug or alcohol use is considered harmful or at risk of becoming harmful. For those whose misuse has become an issue it can offer advice and services to them and their families and carers to better cope with their circumstances and reduce the harms associated with their use.

Commissioning Intentions:

- Improving primary prevention education and awareness raising in a range of settings including schools, further education, workplaces, etc.
- Improving early identification and screening of drug and alcohol use amongst both young people and adults at risk of substance misuse by generic professionals
- Improving harm reduction services including needle exchange services, health screening and Blood Borne Virus vaccination and testing to meet clinical standards
- Ensure the delivery of a range of harm reduction training, information and resources to individuals, families and professionals

9.2 Recovery – Treatment & Support Services

The continued development of treatment and support services is critical to tackling substance misuse in Powys. It is important that treatment provisions are appropriate for the varied demographics and geography of Powys and are effective and evidence based to ensure the delivery of positive outcomes. Joining up treatment and support services and providing continuity of care throughout the entire recovery journey will help to achieve this goal.

Treatment covers a spectrum of activities from brief interventions to in-patient and residential treatment. It can involve medical, psychological and social therapies as well as wraparound services and aftercare that includes diversionary activities, life skills and training and education. Clients presenting with mental and physical comorbidities may require specialist interventions delivered by a variety of disciplines.

Evidence indicates that differing interventions are required for people who misuse drugs and those who misuse alcohol in order to achieve optimal outcomes. This is also true for children and young people with a drug/alcohol related issues. Current service specifications in Powys will adopt this approach and future development will be to continue this practice to deal with existing and emerging needs.

Commissioning Intentions:

To continue commissioning needs and evidence led services based upon service review:-

- Adult drug services
- Adult alcohol services
- Children & Young People's substance misuse services
- Specialist services including physical and mental comorbidity, in-patient and residential rehabilitation

Each of these services will be expected to deliver a flexible and equitable service across Powys, responding to existing and emerging needs and delivering a range of evidence based interventions.

9.3 Supporting Families

The Welsh Substance Misuse Strategy requires that APBs act to ensure the risk of harm to children and adults as a consequence of the substance misusing behaviour of the family member is reduced.

Families and concerned others affected by substance misuse often have a range of complex problems and needs. Damage to families and concerned others ranges from impact on finance or housing to mental and physical health to family breakdown. Meeting the needs of these families requires a whole family approach with different services, including children and adults, health and social care services, all working together.

Commissioning Intentions:

- Ensure the delivery of training to the generic non-substance misuse workforce to identify and refer families and concerned others who need support
- Support and develop services for concerned and significant others
- Support and develop suitable family support and family intervention services
- Increase involvement of concerned others in the service users treatment

9.4 Capital Investments

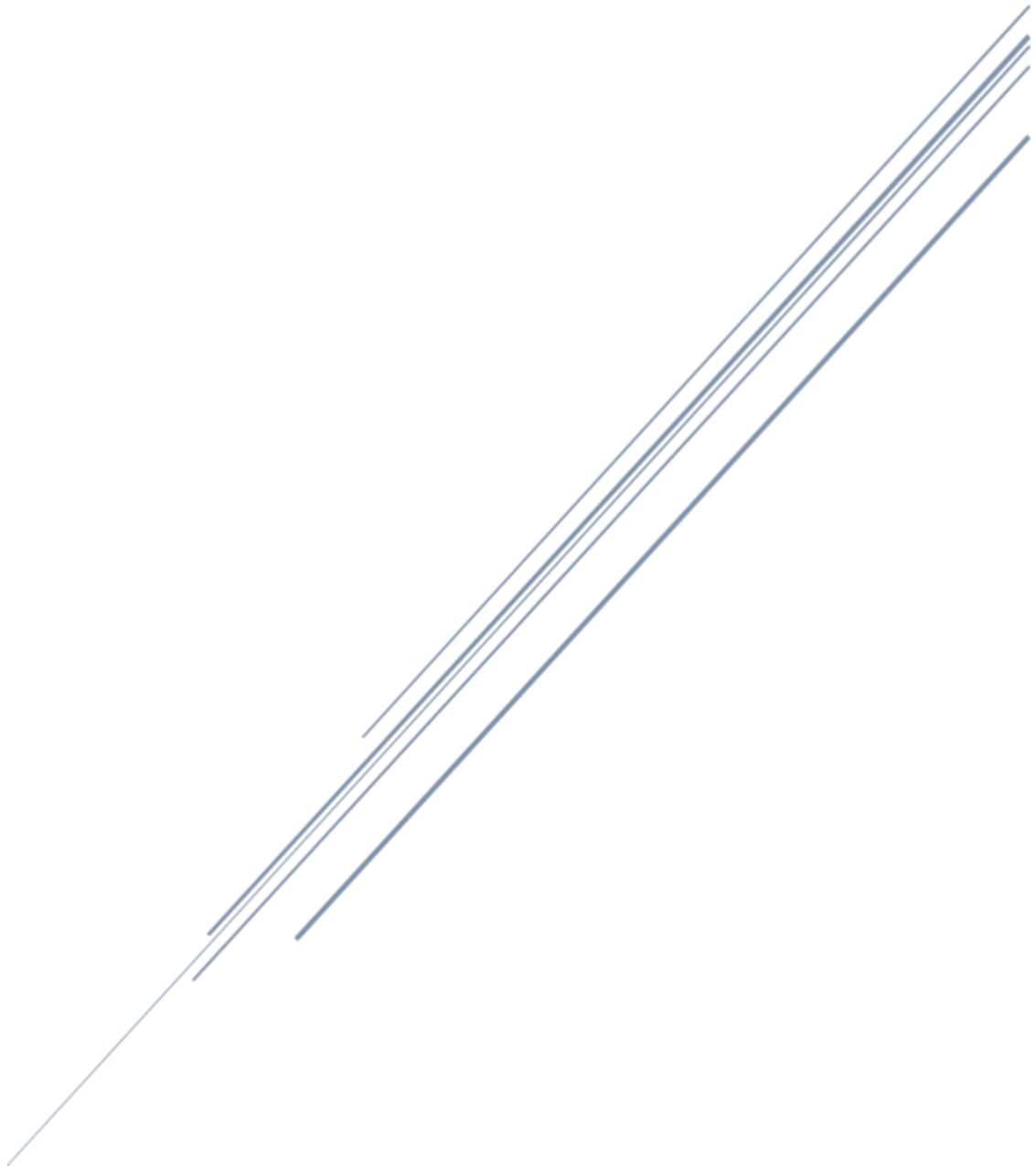
In addition to the Substance Misuse Revenue Fund, the Welsh Government makes capital funding available to APBs to assist with the development and delivery of substance misuse services. Powys APB will develop a Capital Strategy and Capital Investment Plan in order to direct the future allocation of these capital resources in Powys. The plan will be aligned to the commissioning intentions outlined in the Commissioning Strategy.

10 Evaluation

Powys APB will demonstrate progress against this commissioning strategy over the transitional period. It will do this by evaluating whether the outcomes outlined in this strategy have been achieved and the impact that the changes to commissioning have made across Powys.

This strategy will be reviewed on an ongoing basis in the context of emerging data. The associated implementation plan will be reviewed quarterly and amended as appropriate to reflect emerging need and the changes in the substance misuse commissioning environment as the APB gains a clearer understanding of local need.

NEEDS ASSESSMENT: SUBSTANCE MISUSE IN POWYS EXECUTIVE SUMMARY



Introduction

The purpose of the needs assessment is for Powys APB to obtain an improved and evidenced based understanding of the extent and nature of people within Powys who misuse drugs and alcohol. By understanding the needs and potential risks facing this group within Powys, the APB will be better informed to make evidenced based decisions and ensure that commissioning intentions and strategic planning is informed by an understanding of need in relation to the availability and quality of service provision and the volume and nature of substance misuse in Powys. This document provides an executive summary of the key findings from the full Needs Analysis for Powys, 2015.

To collect the data for this assessment a mixture of both quantitative and qualitative research methods were employed.

Population Measures

Powys is dominated by issues such as poor transportation, rurality and pockets of higher density residential areas such as Newtown, Llandrindod Wells, Welshpool and Brecon.

Powys' population of 126,294 is shifting in its demographic profile considerably. Since 1991, the population of 5-15 year olds has decreased by 2.9 per cent. Whilst at the same time the over 65 population has increased by 32 per cent

This shift in age profile is leading to a projected decrease in demand for drug misuse services but an increase in demand for alcohol services for older people. The needs of older populations with alcohol related problems are not well understood. Few evidence based interventions have been developed for older people that account for these specific life challenges. As they will represent a greater tranche of service users in the coming years, providers will be expected to develop an appropriate range of services to meet these needs.

This shift in service presentation from drug use to alcohol use can be seen in the Powys' estimation rates. Whilst the incident rates of alcohol use has declined by 18 per cent since 2009, the incident rate of drug use has declined by 28 per cent. With a continued decrease in the young population and increasing older population, this trend will be set to continue.

Research shows variance across Powys with regard to alcohol use among the adult population. The southern and northern areas experience higher levels of binge consumption than mid Powys. Powys demonstrates lower rates of alcohol related health problems in comparison to other Welsh Area Planning Boards for substance misuse. This finding holds true for both men and women which are both below the Welsh average and applies to both primary and secondary alcohol related conditions.

More recent figures suggest a significant percentile drop in recent alcohol related hospital admission of -13.9% in Powys. This represents the largest yearly reduction in hospital presentations in Wales during the sample period.

Hospital admissions for alcohol specific conditions have remained stable in Powys, with a modest upward trend. This remains below the Welsh national average.

Although Powys is among the lowest health boards for months of life lost due to alcohol, if alcohol related premature deaths were avoided, it would still add a year to male life expectancy and an additional 6 months to female life expectancy.

There were a small number of alcohol and drug related deaths reported in the previous year. However, it is possible that other drug or alcohol related deaths are not being reported. So, whilst numbers are likely to be low in the Powys area an exact reflection of the numbers is not clear.

Higher rates of harmful and hazardous alcohol consumption in north and south Powys require prioritising effective early interventions, such as a comprehensive alcohol brief intervention training programme. This requires close working between Making Every Contact Count (Local Government Association 2014)⁵ as part of the wider Powys Substance Misuse Commissioning Strategy.

The Welsh Government “Reading Between the Lines” reports drug related crime in the region. This does not represent a ‘clean’ Powys only sample as these figures are combined with Dyfed. Furthermore, Powys experiences a high rate of ‘out of region’ crime within its own figures. Within these caveats, drug related arrests have shown an increase since 2008 in the Dyfed-Powys region. Total crimes, violent crimes and alcohol & domestic related violent crimes for Powys for the previous 4 years:-

- During 2014/15, 15% of total crime in Powys was alcohol related – this is a decrease on the previous 3 years.
- 25% of total crime in Powys during 2014/15 was a violence against the person offence – this is an increase on the previous 3 years.
- Of those violence against the person offences, 2014/15 saw the lowest proportion of alcohol related crimes (34%), but the highest number of domestic related violence offences (31%).

In terms of young people, key indicators such as the alcohol-specific hospitalisations for under 18s, place Powys’ needs close to the national Welsh averages for adolescent alcohol related problems. Whilst there has been progress across Wales in reducing hospital admission rates amongst young people, this decline has not been matched in Powys.

Whilst general rates of children in need are below the Welsh averages, those children living with parents with substance misuse related problems in Powys is close to the national average. Addressing the needs of families whose lives are

⁵ Local Government Association (2014) Making Every Contact count: Taking Every Opportunity to Improve Health and Wellbeing. Local Government Association.

characterised by substance misuse within Powys can reduce the risk of the transmission of trans-generational poverty and incumbent social complications.

Consultation Events

In 2015, consultation events were held for service users and members of the public in Llandrindod Wells, Ystradgynlais and Newtown. This was followed in July 2015 with a consultation event for professionals and stakeholders. Feedback on the current issues facing Powys included the identification of current strengths such as:-

- Strong working relationship between current providers and peer mentoring schemes.
- Strong partnership arrangements were in place across many levels of services including youth services and probation.
- Medical support via GPs and nurses was also seen as a strength. The GPs of Brecon were mentioned, in particular, as being good at only giving short term prescriptions to people with substance misuse problems.
- The emergence of group work programmes was seen as a positive in terms of activities, groups such as diversionary activities and treatment working groups, self-help groups and Benzo withdrawal groups. There was a feeling that more diversionary activities would be useful as well as closer working between all agencies involved.
- The current Service Provider's annual awards ceremony was also praised while some wondered if it should be held more often.
- Users made reference to how buildings for service users have improved in recent years.
- Relationships with stakeholders
- Professional image
- Positive working relationships with staff and positive feedback from clients
- KPI attainment
- Skilled staff base

A number of weaknesses were identified but these were not limited to the treatment system but also included wider concerns about substance misuse in the county itself.

- Three drugs were specifically identified as being a particular issue in the county – alcohol, methadone and skunk.
- Service users in particular felt that greater access to Subutex should be available in Powys.
- Information and support could be improved, particularly 'out-of-hours' – evenings and weekends.
- More information, particularly on the emergence of new drugs in the community, could be shared via a network, similar to established networks such as that managed by CAIS.

- There were concerns about the lack of peer mentors in the area who had 'been through it' to support people in their recovery.
- There is a lack of joined up working between the substance misuse and mental health (MH) support agencies, with anecdotal reports of service users being denied mental health treatment until they were 'clean'.
- There was some concern that the language of recovery was not being used by staff to help with change.
- There was a view that the commissioning process causes uncertainty amongst staff and service users. Related to this, there was a feeling that substance misuse was not given enough funding in the county.
- Some felt that there was a need for better prescription management in the county and there were comments about the lack of private space in chemists for administering medication.
- Delegates shared concerns about the current referral and assessment processes in the county were not as service user friendly as they could be.
- There were also comments that the under 18 service should be able to continue supporting people once they had passed the age of 18 to ensure consistency of service with the young person if appropriate.
- Lack of strategic oversight and clinical governance
- Alcohol service not working well
- Limited recovery focus
- No outcome data
- Linkage to employment, training or economic supports

The main source of data regarding young people's perception of drug and alcohol use is drawn from the Powys Young Person's Substance Misuse Survey (April 2015). Reviewing the data from the survey in Powys reflects this pattern with increasing involvement in substance use with age, but higher levels of use of tobacco and alcohol use to substances by age.

The survey did highlight specific differences between young people. A total of 14 per cent of the sample said that they had been in trouble with the police and they consistently demonstrated reduced negative expectation of the consequences of use and increased positive expectancies from their consumption.

The survey also identified considerable differences in risk profiles, needs and consequences of use within young people.

Adult Treatment System in Powys

Across the reporting period of April 2013-March 2015, the adult Service Provider has received between 200-325 referrals per quarter.

Of the 2,054 presentations (a small percentage of clients presented more than twice), 58 per cent are for drug problems, 39 per cent for alcohol problems and the remaining 2.4 per cent presented as a concerned other.

Whilst alcohol presentations have remained largely static across this period, the trend for presentations of adult drug users is in decline, almost halving during the sample period of 2013-2015. Alcohol remains the biggest source of referral by substance into adult services. Of 2,003 referrals with age recorded at the point of referral, 16 per cent of the treatment population were over the age of 50.

Reason client referred for (according to notification received by provider)									
	Q1 2013	Q2 2013	Q3 2013	Q4: 2014	Q1 2014	Q2 2014	Q3 2014	Q4 2015	Total
Alcohol	115	100	80	102	89	118	96	104	804
Drug	165	218	173	141	129	131	99	143	1199
Concerned Others	7	7	4	8	6	9	5	5	51

Reason client referred for (according to notification received by provider)

The service receives 256 notifications to the Welsh National Database for Substance Misuse (WNSDM) per quarter. The caseload of the adult service has remained relatively stable with an average of 677 clients in service but with a slight decreasing trend line.

The distribution of the substitute prescribing is reflective of the major population centres in Powys, with the larger towns of Newtown, Welshpool and Llandrindod Wells accounting for the majority of substitute prescriptions. Prescribing caseloads have remained relatively stable throughout the reporting period.

Whilst the referral rates for opiate use remains low, the linear trend is for the prescribed caseload to show a moderate increase over the course of the sampling period. This suggests that clients in receipt of substitute prescribing are largely static, with an equally small number of clients entering as exiting the service.

A total number of 28 community based alcohol detoxifications have been conducted for alcohol over the time period which is on average 3.5 detoxifications per quarter.

Positive treatment completion rates for all services users remain at a relatively high percentage with an average of 10 per cent of case load per quarter successfully completing their treatment with the service.

On average, 36 clients stop attending treatment per quarter. This represents an average of 5.3 per cent self-elected non-completion for the service as a whole. As between 5-10 per cent of clients tend to deteriorate in treatment despite the providers best efforts, the service is at the highest end of performance in terms of retention.

In terms of Criminal Justice Interventions, the data reported from the Criminal Justice Interventions is limited. These figures are mostly from arrest referral and these are characterised by a high rate of out of area referrals.

Young People Treatment Services

In general, referral rates are synonymous with the major population centres in Powys, with Newtown dominating the referrals at 36 per cent. 82 per cent of notifications for young people is for drugs (predominantly cannabis). Alcohol accounts for 21.7 per cent of notifications. Concerned others were a much smaller part of the treatment programme at 9.3 per cent.

It appears in the current data that novel substances have made far less impact in Powys to date.

The young people's caseload has shown a wide degree of variance from 47-78 young people in treatment, at an average of 63 clients per quarter. Linear forecast reveals a trend in the numbers of young people in treatment is increasing. This is in part due to the fact that referral resulting in assessment is also increasing but at a much slower rate.

On average 24.5 per cent of young people on caseload complete treatment.

The drop-out rate for young people is 4.9 per cent of caseload per month. This suggests that the service is performing very well in reducing negative cases with their drop-out rates coming below an expected range.

Data trend analysis suggests that the number of drug or alcohol using parents being referred to services has decreased since 2007. This appears to be due to a proportion of these families are now in the treatment system itself, not necessarily that there has been a substantive change in the overall number of children and young people living within these family conditions.

Data suggests that of 660 Children in Need in Powys with 25 of them (4%) experience a substance misuse problem. Even though the majority of these young people may not take substances themselves, they are liable to experience a similar range of developmental challenges and mental health conditions as young people who are drug and alcohol involved.

Recommendation in the New Specification

The new Powys specifications will be based on a clear integrated treatment pathways for adults and young people, who will be offered a range of treatment services on a continuum of care proportionate to their needs.

The new specifications need to ensure that new referral sources are identified to support high risk older people into to treatment services.

The new specifications must have greater focus on the needs of older people. Research studies suggests that older populations of alcohol users tend to follow three distinct pathways:

1. Long term drug and alcohol users who survive into older age with entrenched patterns of use and complex health needs
2. the 'young-old' (aged between 65-75) with issues of purpose and meaning post- retirement
3. the 'old-old' (aged over 75) who face increased levels of frailty, isolation, loss and face the challenges such as reconciling whether their life was well spent.

Treatment outcome rates for those on substitute prescribing could be improved with greater integration between prescribing services and psycho-social services. Therefore, a more integrated behavioral contracting model of prescribing will be introduced to the county where prescribing is contingent upon increased engagement in psycho-social interventions to increase recovery rates.

Outcome data needs to be a core activity both with adult and young people's services as commissioning moves towards a recovery oriented treatment philosophy.

Wider longitudinal research studies have identified specific sub-populations of young people who become drug and alcohol involved:

- Early onset externalized youth who initiate use between the ages of 10-12 who are more liable to hail from trans-generational poverty and experience a wide range of poor impulse control disorders.
- Mid-onset internalized youth who initiate use between the ages of 12-14 are often experience a range of poor mental health such as depression, anxiety, self and bulimia.
- Later onset normative youth who initiate use between the ages of 14-16 who hail from stable backgrounds but whose use is largely influenced by peer involvement.

Drug education and treatment systems need to take account of the pattern of involvement in drug and alcohol use amongst young people in Powys. There will be greater focus on the identification of the young person's risk profile, and they will offered a more specialised form of intervention according to this need.

Greater outcome monitoring is necessary for young people, the deployment of tools such as the Strengths and Difficulties Questionnaire (SDQ) should be a standard element of treatment.

This cross-over of need would allow the direct transfer of wider substance abuse interventions that address the risk profile of young people to be extended to this vulnerable population.

Annexe B: Service Provision

Key: grey = existing service, blue = proposed new service for April 2016

Universal Provision

U N I V E R S A L P R O V I S I O N			
Service	Description	Funding Source	Eligibility
Tackling Availability	Tackling the supply of products involved in substance misuse through test purchasing, Community Alcohol Partnership (CAP), etc.	Core funding	N/A
Substance Misuse Awareness Training	Training for a range of practitioners to raise awareness of substance misuse issues and promote active signposting to appropriate support/provision.	SMAF funding	Aged 18 and over
Schools, youth clubs and other educational establishments, such as Joe Blagg programme.	Promotion, prevention and awareness raising around the dangers of misusing substance. Plus, education, youth service, YOS, to facilitate screening, brief advice & onward referral.	Core service funding	Under 18
Police Schools Liaison	Schools based education programme	Welsh Government Substance Misuse Funding via Police & Crime Commissioner	Under 18
Powys People Direct	Single point of contact offering Powys citizens information and advice including but not limited to substance misuse information. Offers referral to Team Around the Family team, Children's Services (such as Integrated Family Support Team) or Adult Social Care as appropriate.	Core service funding Other WG Grant Funding	All age
Citizen Advice Bureau	Provide employment, housing, legal, etc. support to Powys' citizens who may have substance misuse related issues.	Adult Social Care Other sources	Aged 18 and over

Service		Description		Funding Source	Eligibility
Community organisations		Wider community organisations to help with awareness ranging, prevention, diversionary activities and early identification and signposting of substance misusers		Various	All age
National Health Campaigns		Information, advice and awareness raising provided to the whole population, or specific groups, by appropriate bodies to ensure the public is aware of the dangers of substance misuse.		Central Government Welsh Government	All age as appropriate
National Drug and Alcohol Line (DAN 24/7)		National Drug and Alcohol Support line offering 24-hour advice		Welsh Government	All age
Powys Carers		Support for families and carers who are affected by loved ones substance misuse		Adult Social Care Other WG Grant Funding Other sources	All age
Greater availability of information advice and support in primary care settings, including Making Every Call Count		Information and advice provided by community nursing, midwifery, health visitors, pharmacy and health promotion services is accurate and relevant to Powys. Professionals are also aware of the signs of substance misuse and have the knowledge to signpost appropriately.		Powys teaching Health Board	All age target audience
Information and advice in the work place		Dissemination of pre-produced information for employers and employees.		Other sources	Aged 18 and over

Targeted Provision

T A R G E T E D P R O V I S I O N			
Service	Description	Funding Source	Eligibility
Needle Exchange	To prevent the spread of blood-borne diseases (such as HIV, hepatitis) and other drug-related harm, included drug-related deaths.	Powys teaching Health Board	Aged 18 and over
Out of Work Peer Mentoring	Peer mentors and volunteers will advise, assist and befriend individuals who are experiencing significant and acute problems with their substance misuse. They will focus on helping service users to overcome their problems through offering a variety of individual and group-based activity	National Funding Stream via European Funding	Aged 18 and over
Mentoring & Befriending	Trained volunteers work with young people to guide them towards an independent life free of substance misuse.	SMAF	Under 18
Counselling Service	Rapid-access specialist counselling to substance misusers, for non-substance misuse psychological issues.	SMAF (Ringfenced)	Aged 18 and over
Specialised Supported Housing	Supported housing for substance misusers that are also facing housing issues and at risk of homelessness.	SMAF	All age
Dual Diagnosis	Support for substance misusers with co-occurring substance misuse and mental health problems.	Supporting People Adult Social Care	Aged 18 and over
Adult Psychosocial Treatment	Evidence-based interventions to ensure that adult substance misusers gain an understanding of their social situation and psychological stresses or needs.	SMAF	Aged 18 and over
Community Prescribing Programme	To ensure the provision of a medically supervised substitute as part of the wider medical and psychosocial treatment.	Powys teaching Health Board	Aged 18 and over
Availability of Naloxone	To provide training surrounding the risks of overdose and to issue take home Naloxone kits to service users in an attempt to reduce drug related death.	WG Grant	Aged 18 and over
Children and young people treatment services	To provide effective interventions to children and young people who misuse drugs and / or alcohol or are at risk of doing so.	SMAF (Ringfenced)	Under 18

Service		Description		Funding Source	Eligibility
DRR (Drug Rehabilitation Requirement) RAR (Rehabilitation Activity Requirement) ATR (Alcohol Treatment Requirement) provisions		Court ordered treatment requirement delivering psychosocial and clinical interventions to those with a drug or alcohol problem.		National Probation Service	Aged 18 and over
Drug Intervention Programme		24 week psychosocial and clinical intervention programme for those with a drug problem involved in the criminal justice system		Dyfed-Powys Police & Crime Commissioner	Aged 18 and over
Intensive Family Support Team		Intensive family intervention where children are at serious risk as a result of parental substance misuse		Children's Services	All age
Youth Justice Service		Service to prevent young people from offending or reoffending		Children's Services	Under 18
Diversionsary Activities		To provide group work and community involvement activities for those users receiving a structured treatment intervention to support the work of prescribing, structure counselling and care planning.		Non-SMAF Core budget of other service areas	All age
Services for older people		Specific services to address the needs of older people in relation to substance misuse given Powys' demographics.		SMAF	Aged 50 and over
Community alcohol detox services		To provide alcohol specific interventions due to the different interventions required to address alcohol abuse.		SMAF Powys teaching Health Board	
Targeted Aftercare & Recovery		To provide specific aftercare to service users who have finished a structured intervention and / or care planned intervention to minimise the risk of relapse or re-escalation of their substance misuse.		SMAF Powys teaching Health Board Adult Social Care	All age

Specialist Provision

	Service	Description	Funding Source	Eligibility
S P E C I A L I S T	Residential Rehabilitation	Specialist intensive and structured drug and / or alcohol treatment programmes provided via respite provision.	SMAF (Ringfenced) Adult Social Care	Aged 18 and over
	In-patient Detox	Specialist intensive and structured drug and / or alcohol treatment programmes provided via respite provision.	Powys teaching Health Board	Aged 18 and over
	Specialist Aftercare and Recovery	To provide specific aftercare to service users who have completed a specific residential rehabilitation or in-patient detox episode.	SMAF Powys teaching Health Board	Aged 18 and over